

Receipt



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
ATTY. DOCKET NO. 62-307

In re Patent Application of
Kaye *et al.*

Serial No. 09/986,623

Group Art Unit: 2673

Filed: November 9, 2001

Examiner: Unassigned

For: COLLABORATIVE INPUT SYSTEM

RECEIVED

DEC 12 2001

Technology Center 2600

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

RECEIVED

DEC 27 2001


Technology Center 2600

Sir:

It is respectfully requested that a corrected Filing Receipt be issued in connection with the above-identified application, in order to correct the first inventor's name and attorney docket number. Under Applicants, please delete "Kave" and substitute --Kaye-- therefor. In addition, under Attorney Docket No., please delete "63-307" and substitute --62-307-- therefor.

A copy of the original Filing Receipt is returned herewith. Kindly forward the corrected Filing Receipt to the undersigned attorney of record.

Respectfully submitted,


Edward J. Stemberger
Reg. No. 36,017

December 5, 2001

Manelli Denison & Selter PLLC
2000 M Street, NW
Suite 700
Washington, D.C. 20036
202.261.1000



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/986,623	11/09/2001	2673	472	63-307 62-307	2	22	5

20736
MANELLI DENISON & SELTER
2000 M STREET NW SUITE 700
WASHINGTON, DC 20036-3307



CONFIRMATION NO. 5988

FILING RECEIPT



OC000000007123278

Date Mailed: 11/27/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Kaye
Stephen T. ~~Kave~~, Clarksville, MD;
David Eric Timmons, Clarksville, MD;
Brad Eckert, Mesa, AZ;
Dana Doubrava, Phoneix, AZ;
Wesley Jacobs, Garland, TX;

RECEIVED
DEC 12 2001
Technology Center 2600

Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/246,978 11/13/2000

Foreign Applications

If Required, Foreign Filing License Granted 11/26/2001

Projected Publication Date: 05/16/2002

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Collaborative input system

Preliminary Class

RECEIVED
DEC 27 2001

Technology Center 2600

FILE COPY

#3



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5988

SERIAL NUMBER 09/986,623	FILING DATE 11/09/2001 RULE	CLASS 345	GROUP ART UNIT 2673	ATTORNEY DOCKET NO. 62-307
APPLICANTS Stephen T. Kaye, Clarksville, MD; David Eric Timmons, Clarksville, MD; Brad Eckert, Mesa, AZ; Dana Doubrava, Phoneix, AZ; Wesley Jacobs, Garland, TX;				
** CONTINUING DATA ***** <i>Yes</i> <i>RLO</i> THIS APPLN CLAIMS BENEFIT OF 60/246,978 11/13/2000				
** FOREIGN APPLICATIONS ***** <i>NO</i> <i>RLO</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/26/2001				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>RLO</i> Examiner's Signature Initials	STATE OR COUNTRY MD	SHEETS DRAWING 2	TOTAL CLAIMS 22 INDEPENDENT CLAIMS 5
ADDRESS 20736				
TITLE Collaborative input system				
FILING FEE RECEIVED 472	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	